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Eliminating Youth Solitary Confinement: Evidence-Based Practices & Alternative Interventions

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Eliminating Youth Solitary Confinement: Evidence-Based Practices & Alternative Interventions

by

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Report

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Dedication

For those who live to tell their stories and for those who no longer can

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Abstract

Eliminating Youth Solitary Confinement: Evidence-Based Practices & Alternative Interventions

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The University of Texas at Austin, 2017

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Using solitary confinement as a behavior management tool for incarcerated offenders is detrimental, counterproductive and ineffective. For youth under the age of 18, the impacts of solitary confinement can be catastrophic. Youth within juvenile detention facilities are more likely to have experienced violence, trauma and adverse childhood events. They are also more likely to have learning and development disabilities, mental health illnesses and substance abuse disorders. Existing research on solitary confinement is limited to how adults experience this extreme isolation and more qualitative studies are needed to determine the extent to which solitary confinement harms incarcerated youth. This report will introduce the subject of youth solitary confinement, illustrate how it is problematic, review the available research on youth neurological development, and use this information to influence policymakers to take the above into account when writing and implementing policies. The final portion of the report describes guidelines for implementation, policy and advocacy recommendations, and concludes by emphasizing the need for each youth detention facility to shift their institutional culture to a proactive, effective and rehabilitative model.

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They are children. Sometimes they do things that are inappropriate, sometimes they don't even look like children, sometimes they don't behave like children, but they are children and they deserve a system of justice that is uniquely designed for children. We've learned some things from the adult system. Incarcerating people, locking them away is ineffective. If we know that in the adult world, why in the world would we do that to our children?

-Gayle D. Mumford

Introduction

Existing research on solitary confinement in the United States reveals that what is currently known about this practice is centered on how *adults* experience and react to extreme and prolonged isolation.[1] However, in the United States, both adults and youth under the age of 18 are subjected to solitary confinement. We need to better understand how *children* under the age of 18 years old experience solitary confinement and use this information to design and implement alternative practices. As a start towards this goal, this Professional Report[2] begins by providing background on the use of solitary confinement and identifying how this is a serious problem that impacts a substantial number of youth. Then I review the available literature about youth brain development: key stakeholders need to consider the neurological science and research when developing new policies that mandate the use of evidence-based practices, instead of using solitary confinement to "manage" children and adolescents. The report will conclude with recommendations concerning the implementation, evaluation and oversight processes of

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[1] Grassian, S. *Psychiatric Effects of Solitary Confinement*. Washington University Journal of Law & Policy. Volume 22 Access to Justice: The Social Responsibility of Lawyers; Prison Reform: Commission on Safety and Abuse in America's Prisons. 2006. Retrieved from http://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law_journal_law_policy; Kupers, T. *How to Create Madness in Prison*. Humane Prisons. Ed. David Jones. Oxford: Radcliffe Publishing, 2006. Retrieved from: http://www.fmhac.net/Assets/Documents/2009/Presentations/Kupers%20Humane%20Prisons.pdf ; Haney, C. *Mental health issues in long-term solitary confinement and "supermax" confinement.* Crime Delinq. 2003;49(1):124-156. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0011128702239239

[2] Hereafter I will refer to this Professional Report as the report.

alterative interventions and evidence-based practices to replace youth solitary confinement.

WHAT EXACTLY IS SOLITARY CONFINEMENT AND WHY DOES IT MATTER?

A standard definition of solitary confinement, although it is important to keep in mind that the practice ranges dramatically from one facility to another, is as follows:

> Solitary confinement is the practice of isolating people in closed cells for 22-24 hours a day, virtually free of human contact, for periods of time ranging from days to decades. Few prison systems use the term "solitary confinement," instead referring to prison "segregation" or placement in "restrictive housing." As this may be done for punitive, disciplinary or purportedly protective reasons, the names vary. Whatever the terminology, the practice entails a deliberate effort to limit social contact for a determinate or indeterminate period of time.[3]

To understand how children specifically experience solitary confinement requires two sources of data. First, research about youth brain development and the implications for how this solitary confinement damages a child's brain functioning and behavior. Second, asking youth directly about their experiences in solitary confinement. Bridging the brain science research with experiential data can provide a more profound understanding of the effects of solitary confinement on children. This report seeks to address the first source of required data by compiling the available literature, research, and quantitative data. I recommend that future studies include and highlight youth experiences in solitary confinement. Future interviews might also include parents and family members of children who experienced prolonged segregation, staff who used solitary confinement in their facilities, and other staff at the facilities such as mental health and medical professionals. Though the scope of this report is limited, I aim to identify and briefly

[3] Casella, J. and Sal Rodriguez. *What is Solitary Confinement.* The Guardian. April 2016. Retrieved from https://www.theguardian.com/world/2016/apr/27/what-is-solitary-confinement

examine an array of tools that staff within youth detention facilities can use instead of placing a youth in solitary confinement.

I begin by documenting the history of solitary confinement and its modern-day implementations to improve awareness of the problem before proceeding to solutions for dismantling this harmful practice.

BRIEF HISTORY OF SOLITARY CONFINEMENT IN THE UNITED STATES

Early experiments with solitary confinement in the United States began in Pennsylvania and later in New York. The Walnut Street Jail in Philadelphia relied on an "unscientific congregate method of confinement"[4] where inmates were confined in large rooms, but the jail itself was small, which led to overcrowding and rampant violence. This motivated institution officials to build an additional unit constructed entirely of single cells. Called the "Penitentiary House," inmates would sit in silence, reflect on their behavior and repent for their sins. This system operated according to Quaker values where Quaker societies sought to reform the "barbarous English criminal code" by imprisoning criminals rather than public corporal punishment.[5] However, the Quakers envisioned solitary confinement not as the practice it is today; prison construction was basically an experiment in Pennsylvania and in New York in the late eighteenth and early nineteenth century. The Auburn system housed Sing Sing Prison and emerged in New York after state legislators and social reformers visited the Pennsylvania institutions and witnessed their forms of confinement. They decided to add an additional measure of retribution: hard labor for 10 hours a day, six days a week. This system operated under the belief that the work would rehabilitate them because it would give them a new sense

[4] Barnes, Henry E. *Historical Origin of the Prison System in America.* Journal of Criminal Law and Criminology. Volume 12, Issue 1. Article 5. 1921. Retrieved from http://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=1772&context=jclc

[5] Ibid.

of purpose, discipline, and order.[6] Inmates would still spend every night in solitary confinement.

These new penal ideologies drew domestic and international attention. An early critic, Charles Dickens, recalls his visit to Eastern State Penitentiary in 1842:

> In its intention I am well convinced that it is kind, humane, and meant for reformation; but I am persuaded that those who designed this system of Prison Discipline, and those benevolent gentleman who carry it into execution, do not know what it is that they are doing…I hold this slow and daily tampering with the mysteries of the brain to be immeasurably worse than any torture of the body; and because its ghastly signs and tokens are not so palpable to the eye,…and it extorts few cries that human ears can hear; therefore the more I denounce it, as a secret punishment in which slumbering humanity is not roused up to stay.[7]

Mother Jones staff writer, Brook Shelby Biggs passionately details the history of solitary confinement in the United States and elaborates on Dickens' views of this practice:

> Europe's eyes were on the curious competing theories at Sing Sing and Eastern State. A celebrity at the time, Charles Dickens visited Eastern State to have a look for himself at this radical new social invention. Rather than impressed, he was shocked at the state of the sensory-deprived, ashen inmates with wild eyes he observed. He wrote that they were "dead to everything but torturing anxieties and horrible despair...The first man...answered...with a strange kind of pause...fell into a strange stare as if he had forgotten something..." Of another prisoner, Dickens wrote, "Why does he stare at his hands and pick the flesh open...and raise his eyes for an instant...to those bare walls? The system here, is rigid, strict and hopeless solitary confinement…I believe it…to be cruel and wrong."[8]

Alexis de Tocqueville was another international critic of the American penal system. His documentation after his visits to Pennsylvania prisons in 1830 included this statement: "This absolute solitude, if nothing interrupts it, is beyond the strength of man; it destroys the criminal without intermission and without pity; it does not reform, it kills."[9]

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[6] Ibid.
[7] Eastern State Penitentiary Historic Site, Inc. Retrieved from https://www.easternstate.org/learn/timeline
[8] Biggs, B. "Solitary Confinement: A Brief History." *Mother Jones*. March 2009. Retrieved from http://www.motherjones.com/politics/2009/03/solitary-confinement-brief-natural-history
[9] *Solitary Watch*. "Solitary 101: An Introduction to Solitary Confinement in U.S. Prisons and Jails." *A Solitary Watch Production* (www.solitarywatch.com). PowerPoint presentation.

Critics, along with social, legal and political pressure caused prisons at this time to abandon the practice of solitary confinement in favor of a congregate system, which made classification and discipline easier for prison staff. By 1890, the United States Supreme Court took an official position against solitary confinement *In Re Medley*.[10] The Court concluded that prisoners:

> fall, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane, others, still, committed suicide, while others who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.[11]

In 1934, within the Alcatraz prison, there was a rare emergence of the practice. The prison had one unit entirely made up of solitary cells in "D Block." One cell was called 'The Hole:' "A room of bare concrete except for a hole in the floor. There is no light, inmates are kept naked, and bread and water is shoved through a small hole in the door."[12] Although this is a vivid example of what a solitary cell looks like today, it is unlikely many inmates were kept in solitary confinement in this particular facility. In fact, aside from this brief appearance on Alcatraz Island, the practice disappeared in the late nineteenth century and reemerged decades later in the 1950s with experiments on returning veterans. The solitary confinement practice crawled back into the prison system in the 1980s and 1990s with the rise of violent and property crime, "tough on crime" legislation and policies, and the War on Drugs. In fact,

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[10] 134 U.S. 160 (1890) & Franke, H. *The Rise and Decline of Solitary Confinement: Socio-historical Explanations of Long-term Penal Changes*. The British Journal of Criminology Volume 32, Number 2. 125-143. 1992. Retrieved from http://www.jstor.org/stable/23638326

[11] Reiter, supra note 26, at 78 (quoting Gustave Agugues De Beaumont & Alexis De Tocqueville, On the Penitentiary System in the United States and its Application to France 41 (S. Ill. Univ. Press 1979) As referenced in http://repository.law.umich.edu/cgi/viewcontent.cgi?article=1035&context=mjlr

[12] Sullivan, Laura. "Timeline: Solitary Confinement in U.S. Prisons." *NPR*. NPR. July 2006. Retrieved from http://www.npr.org/templates/story/story.php?storyId=5579901

> The big revival came in the 1980s and 1990s. The drug war sent a tidal wave of inmates surging into state and federal correctional facilities. There were riots, gang violence and assaults on guards. Prison officials looking for a quick fix started building new isolation wards in prisons, and they also designed an entirely new kind of prison known as a Supermax correctional facility.[13]

Today, it is estimated that 80,000 - 100,000 people are locked in solitary confinement on any given day in the United States.[14] This estimate does not include those locked in local jails, immigration detention facilities, military or *juvenile confinement facilities*.[15] Consequently, there are no national, state, or local databases of how many children are kept in solitary confinement on any given day in America. The lack of documentation and reporting is exacerbated by the different terms each facility uses to refer to 'solitary confinement' and how each facility describes its form of solitary confinement.

Solitary confinement is also known as *isolation, room confinement, seclusion, segregation, ad seg, the hole, restriction, protective custody, time out, supermax,* and other euphemisms. This practice is considered a form of "cruel and unusual punishment," even torture by the United States Commission on Human Rights Special Rapporteur, Juan Méndez when he visited jails and prisons across the United States. He later issued a statement insisting youth and those with mental health disabilities not be placed in solitary confinement.[16]

The recent passage of Senate Bill 1143 in California submitted by Senator Mark Leno to end solitary confinement for youth in California detention facilities is a very

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[13] http://www.npr.org/2015/08/23/432622096/how-solitary-confinement-became-hardwired-in-u-s-prisons

[14] Casella, J. and Ridgeway, J. *How Many Prisoners Are in Solitary Confinement in the United States? Solitary Watch.* February 2012. Retrieved from: http://solitarywatch.com/2012/02/01/how-many-prisoners-are-in-solitary-confinement-in-the-united-states/

[15] *Solitary Watch*. "FAQ What is Solitary Confinement." Retrieved from http://solitarywatch.com/facts/faq/

[16] Méndez, Juan. (2011). United Nations General Assembly, 66th Session. Retrieved from: http://solitaryconfinement.org/uploads/SpecRapTortureAug2011.pdf

significant change in policy, as he has been pushing this bill for over four legislative sessions. Other states have also changed laws and policies to end this practice, such as Colorado and New York. In addition, the *Stop Solitary for Kids* Campaign and reform efforts currently underway and/or proceeding through legislatures in states including Oregon, New York, Colorado, Nebraska and California are indicators of the trend towards less punitive and more rehabilitative methodology in our youth justice system.[17] Additionally, in the last few years we have seen glimpses of bi-partisan support for criminal justice reform in Congress and the striking Department of Justice Report[18] following the suicide of Kalief Browder[19] may have been some of the reasons former President Barack Obama decided in 2016 to ban the use of solitary confinement for youth housed in the Federal Bureau of Prisons.[20]

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[17] Stop Solitary for Kids Campaign. *Current State Legislation.* Retrieved from http://www.stopsolitaryforkids.org/current-state-legislation/

[18] U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing. Final Report, January 2016. Retrieved from https://www.justice.gov/dag/file/815551/download

[19] Ford, D. Man jailed as teen without conviction commits suicide. CNN. June 2015. Retrieved from http://www.cnn.com/2015/06/07/us/kalief-browder-dead/

[20] Eilperin, J. Obama bans solitary confinement for juveniles in federal prisons. The Washington Post. January 2016. Retrieved from https://www.washingtonpost.com/politics/obama-bans-solitary-confinement-for-juveniles-in-federal-prisons/2016/01/25/056e14b2-c3a2-11e5-9693-933a4d31bcc8_story.html?utm_term=.e880235d4cbe

Problem Statement

Many practitioners and administrators working in the criminal justice field acknowledgement that solitary confinement can be harmful to adults, so it is even more problematic with children whose brains are still forming. To worsen this, we lack data on the use of solitary confinement with minors. Finally, facilities themselves lack information and training on this issue as it relates to minors. Experts have shown incarceration to be an ineffective intervention to reduce recidivism, correct behaviors, and treat symptoms.[21] Craig Haney, a leading expert on the subject and Professor of Psychology says the more than 80,000 adults living in solitary confinement cells are "at grave risk of psychological harm."[22] Hilda L. Solis is a Los Angeles county board supervisor who sponsored legislation to curtail the use of solitary confinement for someone younger than 18 by only using it for brief "cooling off periods." Ms. Solis describes her visit to a youth detention facility:

> I visited the cell of a 14-year-old boy who had been confined to solitary for fighting….the boy was lying on a thin plastic mattress on a concrete floor. Although the cell was frigid, the boy did not have a shirt or shoes and was wearing a sports jersey around his waist instead of pants…if the boy wanted to use the bathroom, he had to bang on the cell door and hope someone heard him. I was thinking to myself, why are we opening up more wounds for this person? It was very upsetting.[23]

One indication of how isolation impacts children is found in a 2012 report from experts and leading academics at *Rutgers-Camden School of Law*:

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[21] Cullen, F., Jonson, C. and Nagin, D. *Prisons Do Not Reduce Recidivism: The High Cost of Ignoring Science.* The Prison Journal. Volume 91, Issue 3. 2011. Retrieved from http://journals.sagepub.com.ezproxy.lib.utexas.edu/doi/pdf/10.1177/0032885511415224

[22] American Psychological Association. Psychologist testifies on the risks of solitary confinement. October 2012. Volume 43, Number 9. Retrieved from http://www.apa.org/monitor/2012/10/solitary.aspx

[23] Nagourney, A. and Williams, T. *Los Angeles County Restricts Solitary for Juveniles*. The New York Times. May 2016. Retrieved from https://www.nytimes.com/2016/05/04/us/los-angeles-county-restricts-solitary-for-juveniles.html?_r=0

> Isolation, even for brief periods, is harmful for adolescents for two reasons: (1) Youth in isolation cannot participate in programs, including education, designed to rehabilitate them; and (2) Isolation has negative psychological consequences, including increasing risk of suicide, re-traumatizing, depression and agitation. Interactive treatment programs have more success in reducing problem behavior and mental health problems in youth than does isolation, which in fact provokes and worsens these problems.[24]

It is difficult to imagine what a child's mind goes through when confined to a small cell for the majority of the day, every day. Some facilities do not even allow youth to have a library book with them in their cells. In describing the specifics of solitary confinement, an article about the Mecklenburg County Jail North in Charlotte, North Carolina provides a clear vision:

> This year, more than 110 youths have been confined to single-person jail cells in a pod called the Disciplinary Detention Unit (DDU), county sheriff's data shows. The teenagers are held in those 70-square-foot concrete cells for 23 hours a day. For one hour on weekdays, they can spend recreation time alone in a walled, 500-square-foot courtyard. On Saturdays and Sundays, they don't get their usual hour out. The youths can't watch television, go to class or talk face-to-face with other inmates. The only phone calls they can make are to their attorneys or bail bondsmen. Their meals are slid through slits in a metal door. In one respect, the conditions for these teens are even tougher than those faced by adult inmates confined to solitary in state prisons: The youths have no access to library books – a key survival tool for many inmates in solitary. The youths are allowed to read schoolwork, religious materials and legal paperwork. Capt. Jeff Eason, who oversees daily operations at Jail North, explains why library books aren't allowed. "This is disciplinary detention," he says. "We do not want to make it too comfortable…where you don't want to leave."[25]

Captain Eason's attitude appears to be a common thread throughout youth detention facilities. Even worse, we do not even know the number of children and teenagers who are kept in isolation each day at each facility, for how long they are kept in

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[24] Simkins, S., Beyer, M., Geis, L. *The Harmful Use of Isolation in Juvenile Facilities: The Need for Post-Disposition Representation.* Washington University Journal of Law & Policy. Volume 38. Access to Justice: Evolving Standards in Juvenile Justice: From Gault to Graham and Beyond. 2012.
[25] Alexander, A. Mecklenburg jailers hold some teens in solitary confinement. Critics call that torture. Charlotte Observer. December 2016. Retrieved from http://www.charlotteobserver.com/news/local/article123298339.html

solitary confinement, and why they were sent to solitary confinement. This information is crucial to the process of developing evidence-based effective solutions and alternatives to this practice.[26]

Some reasons correctional staff place adults and children into solitary confinement are: to discipline, for "protection," as "treatment," and for safety or security. One example of how a facility uses this practice is found at the Lincoln Hills School for Boys (LHS) in northern Wisconsin. In February of this year, *Solitary Watch* staff writer Valerie Kiebala reported:

> Children as young as 14 are sent to these units. At LHS, there are two buildings designated specifically for solitary confinement for 22-23 hours a day. Each unit holds two dozen isolation cells. at the discretion of the staff for disciplinary reasons, including minor rule violations, or for "asserted security reasons." According to data from the Wisconsin Department of Corrections, from 15 to 20 percent of the approximately 165 children at LHS and CLS[27] are in solitary confinement at any given time, and some remain there for as long as 30 to 60 consecutive days.[28]

To the extent that this one facility is any indication of how many children experience solitary confinement, it amplifies the call to provide staff with alternative interventions. At LHS and CLS, at least 28 children are in solitary confinement on any given day and time, and some are there for at least one month. The United Nations and the American Bar Association suggest that a child not be kept in a solitary confinement cell for more than 4 hours and recommend that staff use isolation only as a last resort when all other attempts at securing safety have been exhausted. Unfortunately, these are only guidelines and are not mandated. The lack of standards in facilities allows practices to continue

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[26] Please see the Evidence-Based Practices section in the Literature Review for a full description and definition of an evidence-based practice (EBP).

[27] Cooper Lake School for Girls (CLS)

[28] Kiebala, V. *At Wisconsin Juvenile Prisons, Children Face a Nightmare of Solitary Confinement and Abuse.* Solitary Watch. February 2017. Retrieved from http://solitarywatch.com/2017/02/22/at-wisconsin-juvenile-prisons-children-face-a-nightmare-of-solitary-confinement-and-abuse/

unchecked and unregulated. Uses of excess force, deaths, and lack of appropriate treatment and services for incarcerated use implies serious moral and ethical issues. Tragically, the youth who are most likely to be placed in isolation tend to be children with significant histories of trauma and youth of color. Youth of color are disproportionately represented in youth detention facilities, to an even greater extent than in our adult justice system. This is unacceptable:[29]

> Tonight, more than 90,000 youth in this nation will sleep somewhere other than their homes, in the custody of the juvenile justice system. For Latino youth, the chance of this occurring is more than double that of White youth. For Black youth, the chance is more than five times that of White Youth. United States Department of Justice data reveals such glaring disproportionality is reflected in nearly every state. Disturbingly, these inequities extend far beyond higher rates of confinement for youth of color. Youth of color are also arrested, charged and incarcerated more than White youth for similar conduct, and are disproportionately represented at every decision-making point in the juvenile justice system.[30]

While one piece of the solution to ending the use of youth solitary confinement is providing staff members viable and effective tools to maintain security and keep children and themselves safe, the other part entails transforming a facility's culture and the staff attitudes about using this practice. Staff[31] generally use solitary confinement as a tool to keep the facility staff and residents safe. Correctional staff at youth detention facilities

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[29] The W. Haywood Burns Institute. *Stemming the Rising Tide: Racial & Ethnic Disparities in Youth Incarceration & Strategies for Change.* May 2016. Retrieved from http://www.burnsinstitute.org/wp-content/uploads/2016/05/Stemming-the-Rising-Tide_FINAL.pdf

[30] The W. Haywood Burns Institute. *Adoration of the Question: Reflections of the Failure to Reduce Racial and Ethnic Disparities in the Juvenile Justice System.* December 2008; Sickmund, M., Sladky, T.J., & Kang, W. *Census of Juveniles in Residential Placement (CJRP) Databook*. National Center for Juvenile Justice, 2005. Retrieved from http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/; The National Council on Crime and Delinquency. *And Justice for Some: Differential Treatment of Youth of Color in the Justice System, 2007*. Retrieved from http://www.nccdcrc.org/nccd/pubs/2007jan_justice_for_some.pdf

[31] The term *staff* here refers generally to line staff, meaning correctional youth officers or their commensurate names in a particular facility. *Staff, line staff and correctional staff* are interchangeable terms in this report. This does not include mental health and medical practitioners with a Masters level or higher.

have been using isolation as a management tool for decades and providing alternative interventions and tools is only half of the recommendation. The other half is working with staff regarding awareness and education around how this practice is harmful. Staff in some facilities use isolation to punish children, while others use it only as a last resort to separate the child when he is a danger to himself or others. Many facilities are understaffed. Quickly locking a child in an empty cell and only checking on them periodically throughout the day is a much easier way to rapidly manage a crisis. However, there are other viable and more effective solutions that do not harm youth.

Educating stakeholders who develop juvenile justice policies about how a young person's brain responds to prolonged detention in isolation will hopefully influence policies to eliminate solitary confinement. Considering the tremendous shifts within this field over the last decade toward less punitive practices, we have reason to hope that with more education and awareness, legislative stakeholders will develop new policies aimed at rehabilitation. In conjunction with local and state legislative stakeholders, educating every group of stakeholders is vital. Raising awareness and educating facility staff on specific consequences of solitary confinement on a youth's brain, based on scientific research and evidence, must be coupled with effective alternatives and training. We cannot take away a common practice staff use without giving them better tools to manage children in the facility.

Literature Review

To gain a more comprehensive and informed perspective on the topic of youth solitary confinement, the literature review that follows describes recent understandings of how adolescent and child brain development processes differ from a fully-formed adult brain. This knowledge can inform stakeholders and practitioners on developmentally appropriate treatment and services for our youth to ensure safety. This review will begin with reasons staff place youth in solitary confinement, how the American public's views practices in our youth justice system, and concludes with specific information on youth neurological brain development that will aid in targeted and effective programming and highlight the harms associated with forcing youth into solitary confinement.

REASONS STAFF PLACE YOUTH IN SOLITARY CONFINEMENT

Within youth detention facilities, staff place children in isolation for varying periods of time, ranging from hours to months. The reasons staff place children in solitary confinement cells differ widely from one facility to the next, and even among staff at the same facility. Employees often place a youth in isolation because it is the easiest and fastest way to ensure facility security. Some rationales provided to support the practice are safety, security, discipline, administrative, protective and medical. Using this extreme isolation to control a youth's behavior or for a disciplinary reason is very common. Experts conclude this practice is both widespread and underreported.[32] One of the reasons

[32] Grassian, S. *Psychiatric Effects of Solitary Confinement*. Washington University Journal of Law & Policy. Volume 22 Access to Justice: The Social Responsibility of Lawyers; Prison Reform: Commission on Safety and Abuse in America's Prisons. 2006. Retrieved from http://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law_journal_law_policy; Kupers, T. *How to Create Madness in Prison*. Humane Prisons. Ed. David Jones. Oxford: Radcliffe Publishing, 2006. Retrieved from: http://www.fmhac.net/Assets/Documents/2009/Presentations/Kupers%20Humane%20Prisons.pdf ; Haney, C. *Mental health issues in long-term solitary confinement and "supermax" confinement.* Crime Delinq. 2003;49(1):124-156. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0011128702239239

solitary confinement is so destructive is "when children are placed in solitary, which happens frequently as a form of discipline, behavior control, and administrative convenience, they are deprived of the rehabilitative programming that is mandated by law in youth facilities."[33] In short, it is imperative to provide facility staff with effective solutions as alternatives to solitary confinement.

HARMS ASSOCIATED WITH SOLITARY CONFINEMENT OF YOUTH

Psychological distress from spending time in confinement has led to instances of "self-harm, suicide, depression, anxiety, panic attacks, visual and/or audio hallucinations, psychosis and other adverse mental health states."[34] In addition to psychological harm, isolation deprives children of regular exercise and physical activity, which impedes normal adolescent growth and development: "lack of exercise for children can have many negative effects…children who don't get enough exercise have weaker muscles and bones than kids who exercise regularly. Inactive kids also have increased risk of developing type 2 diabetes, may have higher blood pressure and cholesterol levels and tend to have a more dismal outlook on life."[35] Moreover, "among young people, excessive sitting has been associated with musculoskeletal disorders."[36] Another area of

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[33] Read, M. *Movement to End Juvenile Solitary Confinement Gains Ground, but Hundreds of Kids Remain in Isolation.* Solitary Watch. January 2017. Retrieved From http://solitarywatch.com/2017/01/05/movement-to-end-juvenile-solitary-confinement-gains-ground-but-hundreds-of-kids-remain-in-isolation/

[34] *Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*, report of Human Rights Watch and the American Civil Liberties Union, 22 (2012). Retrieved from http://www.hrw.org/sites/default/files/reports/us1012ForUpload.pdf.

[35] Beck, E. *Lack of Exercise for Children*. Livestrong. October 2013. Retrieved from http://www.livestrong.com/article/370982-lack-of-exercise-for-children/; Kids Health. *For Teens: Why Exercise is Wise.* Nemours. Retrieved from http://kidshealth.org/en/teens/exercise-wise.html?ref=search#catgrowth

[36] Tammelin, T. *Lack of physical activity and excessive sitting: health hazards for young people?* Jornal de Pediatria. 2009. Retrieved from http://www.scielo.br/scielo.php?pid=S0021-75572009000400002&script=sci_arttext&tlng=en; Auvinen J, Tammelin T, Taimela S, Zitting P, Karppinen J. *Neck and shoulder pains in relation to physical activity and sedentary activities in adolescence.* Spine (Phila Pa 1976). 2007.

concern is the lack of contact with family, peers and even staff members while the youth is in a solitary cell. When a youth does not have exposure to positive relationships and has a history of trauma, acting out behavior, and/or difficulties prior to being incarcerated, the lack of person-to-person interactions may hamper a youth's ability to form safe and constructive relationships later in life. The lack of social connections while a youth is in isolation has lasting effects for how he or she might be able to handle conflict and daily interactions with others; early habits, routines and role models establish future expectations for behavior during social interactions:

> Deprived of meaningful and sympathetic social contact and interaction with others, the prisoner in solitary confinement may withdraw and regress. Even when isolated prisoners do not show any obvious symptoms, upon release from isolation they can become uncomfortable in social situations and avoid the negative consequences for subsequent social functioning in both the prison community and the outside community, again undermining the likelihood of successful resettlement.[37]

PUBLIC OPINION ON YOUTH JUSTICE

Incidentally, many Americans believe the purpose of the juvenile justice system is to rehabilitate youths. In 2014, 71% of people polled said the main purpose of "placing a juvenile offender in a juvenile corrections facility should be to rehabilitate the juvenile so he or she might become a productive citizen."[38] Public opinion polls published by the Pew Charitable Trust's Public Safety Performance Project found that most Americans favor rehabilitation for youth instead of punishment:

> Voters see juvenile corrections facilities as government programs that should be subject to a basic cost-benefit test, and they strongly support a more robust

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[37]Kupers, T. *How to Create Madness in Prison*. Humane Prisons. Ed. David Jones. Oxford: Radcliffe Publishing, 2006. Retrieved from: http://www.fmhac.net/Assets/Documents/2009/Presentations/Kupers%20Humane%20Prisons.pdf; The health effects of solitary confinement. *Solitary Confinement Sourcebook, Chapter 2*. Retrieved from http://solitaryconfinement.org/uploads/sourcebook_02.pdf

[38] Public Opinion on Juvenile Justice in America. *The Pew Charitable Trusts*. November 2014. Retrieved from http://www.pewtrusts.org/~/media/assets/2015/08/pspp_juvenile_poll_web.pdf?la=en

> probation system and more intervention by families, schools, and social service agencies. When it comes to the juvenile justice system, voters want offending youth to get the services and supervision they need to change their behavior and stop committing crimes—even if that means less incarceration.[39]

This information reflects a shift in public opinion about youth offenders. An appreciation of how advocates and reformers have worked for decades to disprove the myth of the "superpredator teenager" that indoctrinated many Americans to believe youth (mostly youth of color) of the next generation were extremely dangerous. These myths were propelled by criminologist and political scientist John Dilulio when he published an article in 1995, strongly asserting that these youth have "no respect for human life and no sense of the future…they kill or maim on impulse, without any intelligible motive."[40] He later denounced his predictions, which turned out to be racist and false, nevertheless, they gained traction because at the time crime was rising and there was a collective moral panic around highly publicized events such as the Central Park Jogger case in New York.[41] The following images[42] speak for how we correlate black young men as deviant and criminal:

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[39] Ibid.
[40] Drum, K. *A Very Brief History of Super-predators.* Mother Jones. March 2016. Retrieved from http://www.motherjones.com/kevin-drum/2016/03/very-brief-history-super-predators
[41] Hancock, L. Wolf Pack: The Press and the Central Park Jogger. U.S. Prison Culture. Columbia Journalism Review. January/February 2003. Retrieved from http://www.usprisonculture.com/blog/wp-content/uploads/2012/08/wolfpack.pdf
[42] Annin, P. '*Superpredators' Arrive*. *Newsweek*, January 22, 1996, p. 57.

Figure 1: Superpredators

'The only victim in this case is dead': *Mourning for 5-year-old Eric*

CRIME

'Superpredators' Arrive

Should we cage the new breed of vicious kids?

BY PETER ANNIN

ON OCT. 13, 1994, 5-YEAR-OLD ERIC Morse and his 8-year-old brother, Derrick, ran into two of the toughest bullies their South Side Chicago neighborhood had to offer. The intimidating boys lured the brothers to a vacant

where is the state supposed to put these two killers? A judge is scheduled to rule in the case next week. Around the country, other states are watching. They have their own predators to worry about.

It wouldn't be a problem if Illinois's special 30-bed "kiddie prison" weren't still un

Despite this recent shift towards rehabilitative practices for youth offenders, solitary confinement of youth under the age of 18 still exists. Policies in youth confinement facilities do not reflect how the public views youth incarceration. In former President Obama's op-end in 2016, he wrote, "How can we subject prisoners to unnecessary solitary confinement, knowing its effects, and then expect them to return to our communities as whole people? It doesn't make us safer. It's an affront to our common humanity…[and has] devastating, lasting psychological consequences."[43] Obama points to the most tragic repercussion of solitary confinement: the correlation between time spent in isolation and suicide. A leading expert in the field of suicide

[43] Alexander, A. Mecklenburg jailers hold some teens in solitary confinement. Critics call that torture. Charlotte Observer. December 2016. Retrieved from http://www.charlotteobserver.com/news/local/article123298339.html

prevention within confinement settings,[44] Lindsay Hayes has studied youth suicide in confinement settings extensively. He confirms the following:

> Most (62.0 percent) suicide victims had a history of room confinement. The circumstances that led to room confinement included threat or actual physical abuse of staff or peers (40.5 percent), verbal abuse of staff or peers (26.2 percent), failure to follow program rules or inappropriate behavior (26.2 percent), and other (7.1 percent), which included youth involved in gang activity.[45]

This statistic bears repeating: over 60% of youth who committed suicide had spent some amount of time in solitary confinement. To further emphasize the significance of how solitary confinement impacts a youth's mind and future livelihood, Hayes explains what may be the most telling fact about the use of youth solitary confinement:

> Although room confinement remains a staple in most juvenile facilities, it is a sanction that can have deadly consequences…more than 50 percent of all youths' suicides in juvenile facilities occurred while young people were isolated alone in their rooms and that more than 60 percent of young people who committed suicide in custody had a history of being held in isolation.[46]

While the reasons for these suicides may not have a direct correlation to the amount of time a youth spends in isolation, it certainly appears from this heightened percentage to be a significant factor among those who ended their lives. Such was the case for Kalief Browder, a youth who spent two of his three years entirely in solitary confinement. He was innocent of the crime for which police arrested him, and yet, spent years in pretrial detention, incarcerated in one of the most abusive *adult* facilities, Rikers Island in New York.[47] In New York, all 16 year olds are prosecuted as adults.[48] Mr. Browder is one of

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[44] National Center on Institutions and Alternatives (ncia). Staff: Lindsay M. Hayes, MS. Retrieved from http://www.ncianet.org/criminal-justice-services/suicide-prevention-in-custody/staff/

[45] Hayes, L. *Juvenile Suicide in Confinement: A National Survey*. Office of Juvenile Delinquency Prevention (OJJDP). 2009. Retrieved from https://www.ncjrs.gov/pdffiles1/ojjdp/213691.pdf

[46] Hays, L. *Juvenile Suicide in Confinement: A National Survey*, 2004. Office of Juvenile Justice and Delinquency Prevention. Quoted in Council of Juvenile Correctional Administrators *Toolkit: Reducing the Use of Isolation*, March 2015.

[47] Gonnerman, J. *Kalief Browder, 1993-2015*. The New Yorker. 2015. Retrieved from http://www.newyorker.com/news/news-desk/kalief-browder-1993-2015

many children[49] who have attempted and died by suicide after time spent in solitary confinement. After his death, Kalief Browder became a symbol of the devastation solitary confinement causes, especially for youth under the age of 18. This fatal consequence of forcing a youth into solitary confinement is not acceptable, but with more scientific research and evidence of this reality, reformers can demand stakeholders to eliminate this practice as soon as possible. One method of replacing solitary confinement with more effective practices is to examine recent neurological studies on the brains of youth under the age of 18. Knowing how a child's brain differs from an adult's brain is crucial in developing effective and rehabilitative programming in youth detention facilities.

YOUTH BRAIN DEVELOPMENT

Despite the increase in publications about the detrimental biological impacts of solitary confinement on adults, knowledge of how this practice affects youth is largely unexplored. We can infer from the research on adults that the repercussions for a person under the age of 18 could be catastrophic. The research consistently recognizes the harms caused by isolating a human being alone in a confined space for days, weeks, months, or years.[50] To answer what the impacts of prolonged isolation are on an adolescent's brain, this report will review existing neurological scientific research on youth brain

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[48] *Raise the Age Campaign New York.* Get the Facts. 2017. Retrieved from http://raisetheageny.com/get-the-facts

[49] A "child" means one who is 0-12 years old, an "adolescent or teen" is 13-17 years old and 18 and above is an adult.

[50] Grassian, S. *Psychiatric Effects of Solitary Confinement*. Washington University Journal of Law & Policy. Volume 22 Access to Justice: The Social Responsibility of Lawyers; Prison Reform: Commission on Safety and Abuse in America's Prisons. 2006. Retrieved from http://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law_journal_law_policy; Kupers, T. *How to Create Madness in Prison*. Humane Prisons. Ed. David Jones. Oxford: Radcliffe Publishing, 2006. Retrieved from: http://www.fmhac.net/Assets/Documents/2009/Presentations/Kupers%20Humane%20Prisons.pdf ; Haney, C. *Mental health issues in long-term solitary confinement and "supermax" confinement*. Crime Delinq. 2003;49(1):124-156. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0011128702239239

development and compare with research on how solitary confinement affects the adult brain. A solely youth serving foundation, The Annie E. Casey Foundation produced a report in 2011 entitled *The Adolescent Brain: New Research and its Implications for Young People Transitioning to Foster Care.* This report highlights several findings on youth brain research:

> Neuroscientists now have a deeper, clearer understanding of what happens to the brain during adolescence: 1) Girls mature 8 to 9 years earlier than boys; 2) Unused connections in the brain are lost—both in childhood and adolescence; 3) Levels of dopamine can shift; 4) Trauma can disrupt and slow brain development; 5) The brain is not fixed and it can be rewired after trauma.[51]

With new technologies and advances in mechanisms to study the brain such as the magnetic resonance imaging (MRI) method, the diffusion tensor imaging (DTI) method, and the functional MRI (*f*MRI) method,[52] scientists now know that a young person's brain undergoes successive stages of development throughout childhood and adolescence, and that the brain is not fully developed until the mid 20s.[53] The question then becomes, how does solitary confinement affect a youth's brain considering this evidence? To begin to answer this, it is imperative to examine brain development among youth. Researchers of youth brain development reveal that "brain changes over this developmental period increase vulnerability to stress, putting some youth at increased risk for psychopathology.

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[51] *The Adolescent Brain: New Research and its Implications for Young People Transitioning to Foster Care*. Annie E. Casey Foundation; Jim Casey Youth Opportunities Initiative. 2011. Retrieved from http://www.aecf.org/resources/the-adolescent-brain-foster-care/

[52] Casey, B.J., Jones, R., and Hare, T. *The Adolescent Brain*. Annals of the New York Academy of Sciences. March 2008. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2475802/

[53] Jetha, M. and Segalowitz, S.J. Adolescent brain development: implications for behavior. 2012. Elsevier Inc.; National Institute of Mental Health. Brain Anatomy and Physiology. *The Teen Brain: 6 Things to Know*. Retrieved from https://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml

High levels of stress are also known to influence the trajectory of the brain growth in negative ways."[54]

Dr. Jay Giedd, a child and adolescent psychiatrist, conducted a study of 145 adolescent brains. His research was recently the subject of a PBS *Frontline* series[55] on the teenage brain; the *Frontline* segment's producer, Sarah Spinks, describes Giedd's new discoveries about the adolescent brain:

> The second wave of synapse formation described by Giedd showed a spurt of growth in the frontal cortex just before puberty (age 11 in girls, 12 in boys) and then a pruning again in adolescence…Giedd hypothesizes that the growth in gray matter followed by the pruning of connections is a particularly important stage of brain development in which what teens do or do not do can affect them for the rest of their lives. He calls this the "use it or lose it principle," and tells *Frontline*, "If a teen is doing music or sports or academics, those are the cells and connections that will be hardwired. If they're lying on the couch or playing video games or MTV, those are the cells and connections that are going to survive.[56]

Scientific research studies hypothesize that children experience solitary confinement differently than adults, mainly because of the differences in brain development. In *Using Adolescent Brain Research to Inform Policy: A Guide for Juvenile Justice Advocates* from the National Juvenile Justice Network, the authors describe five areas of an adolescent brain that distinguishes it from an adult brain. This research can perhaps guide strategies and policies that encourage positive youth development and discourage the use of solitary confinement to deal with a youth. Here is what the science says about a young person's brain beyond the development of the frontal lobe:

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[54] Jetha, M. and Segalowitz, S.J. Adolescent brain development: implications for behavior. 2012. Elsevier Inc.

[55] Spinks, S. Adolescent Brains are Works in Progress: Here's Why. *Frontline.* 2002. Retrieved from http://www.pbs.org/wgbh/pages/frontline/shows/teenbrain/work/adolescent.html

[56] Jay N. Giedd et al., "Brain Development During Childhood and Adolescence: A Longitudinal MRI Study," *Nature Neuroscience* 2, no. 10 (1999): 861; Jay N. Giedd, "Structural Magnetic Resonance Imaging of the Adolescent Brain," in *Adolescent Brain Development: Vulnerabilities and Opportunities*.

1. The limbic system, which helps to process and manage emotion, is also developing during adolescence. Even though the limbic system is not yet fully mature, it stands in for the underdeveloped frontal lobe to process emotions. This causes adolescents to experience more mood swings and impulsive behavior than adults.[57]

2. Levels of dopamine production shift during adolescence. Dopamine helps link actions to sensations of pleasure; its redistribution can raise the threshold needed for stimulation that leads to feelings of pleasure. As a result, activities that once were exciting to youth may not be so as they enter adolescence, and thus they may seek excitement through increasingly risky behavior.[58]

3. During adolescence, gray matter in the brain begins to thin as synapses (links between neurons that transmit and receive information) undergo a process of "pruning." Unused synapses are pruned away, while those that are used frequently become stronger. Additionally, neurons are strengthened through "myelination," which improves the connectivity between neurons and thereby speeds up communication between cells. Pruning and myelination demonstrate that changes to the adolescent brain can have long-term consequences: parts of the brain that are used frequently will be strengthened, while other parts that are used less frequently will weaken and die off.[59]

4. When adolescents make choices involving risk, they do not engage the higher-thinking, decision-and-reward areas of the brain as much as adults do. This can lead adolescents to overstate rewards without fully evaluating the long-term consequences or risks involved in a situation.[60]

Pruning and myelination processes represent the "use it or lose it" principle where activities youth participate in will be either reinforced or disregarded. Repetition aids in these practices ultimately becoming ingrained routines and patterns of behavior. Youth who are involved in the justice system may not have access to the same resources, activities, and support systems as youth who live at home in their commuunities.

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[57] Rebecca L. McNamee, "An Overview of the Science of Brain Development." Slide presentation, Coalition for Juvenile Justice. May 2006.
[58] Linda Patia Spear, "Neurodevelopment During Adolescence," in *Neurodevelopmental Mechanisms in Psychopathology*, ed. Dante Cicchetti and Elaine F. Walker. Cambridge University Press, 2003.
[59] Elizabeth R. Sowell et al., "Mapping Continued Brain Growth and Gray Matter Density Reduction in Dorsal Frontal Cortex: Inverse Relationships During Postadolescent Brain Maturation," *Journal of Neuroscience,* Volume 21 November 2001.
[60] Neir Eshel et al., "Neural Substrates of Choice Selection in Adults and Adolescents," *Neuropsychologia* Volume 45, Number 6. 2007.

Consequently, they may routinize distrust of adults, normalize criminal activity, internalize low self-worth and exhibit dangerous "acting out" behaviors because adults in their lives tend to only disappoint and hurt them. Adults can counteract these repercussions by making every effort to minimize psychosocial stress, and providing community and family support when needed. This can be done by making instruction in relaxation and stress-reduction techniques readily available to developing youth so that they can exercise some control over their stress levels.[61]

An adolescent's brain processes events differently than an adult's. Older children and teens do not have the fully developed brain functions to accurately weigh out repercussions of their decisions. They are more likely to act impulsively and in the short-term; they are also more likely to take risks and engage in unsafe behaviors: "the dorsolateral prefrontal cortex, the part of the brain responsible for inhibiting impulses, weighing consequences of decisions, prioritizing and strategizing, is the last region of the brain to develop."[62] The prefrontal cortex controls one's ability to make judgments, informed and calculated decisions, planning functions, and "coordinating and adjusting complex behavior." Further,

> Brain development takes place in stages and is not fully complete in adolescence. The frontal lobe, especially the prefrontal cortex, is one of the last parts of the brain to fully mature, and undergoes dramatic development during the teen years. It is this "executive" part of the brain that regulates decision making, planning, judgment, expression of emotions, and impulse control. This region of the brain may not be fully mature until the mid-20s.[63]

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[61] Jetha, M. and Segalowitz, S.J. Adolescent brain development: implications for behavior. 2012. Elsevier Inc.

[62] Bonnie, R., Johnson, R., Chemers, B., Schuck, J. Reforming Juvenile Justice: A Developmental Approach. *National Research Council, Committee on Assessing Juvenile Justice Reform*. Office of Juvenile Justice and Delinquency Prevention (OJJDP). 2013.

[63] Giedd, J. et al., "Brain Development During Childhood and Adolescence: A Longitudinal MRI Study," *Nature Neuroscience* 2, no. 10 (1999): 861; Jay N. Giedd, "Structural Magnetic Resonance Imaging of the Adolescent Brain," in *Adolescent Brain Development: Vulnerabilities and Opportunities*, ed. Ronald E. Dahl and Linda Patia Spear, *Annals of the New York Academy of*

These facts may explain why and how many youths become involved with the juvenile justice system. It is also one of the reasons we need to restructure how we treat children who must be separated, and the only form of this we currently have is detention. Being mindful of children's past trauma and current stage of brain development will help us to create and implement safe and rehabilitative practices that rehabilitate a child rather than pushing him or her further into mental health crises:

> Stress is a major negative epigenetic influence on brain growth, and therefore sustained high stress levels are much more likely to worsen self-regulation and adaptability than to promote good behavior.[64]

Toxic Stress, Trauma & Trauma-Informed Care

> Studies have found that childhood trauma further complicates matters for the developing adolescent brain. Trauma has a significant impact on a young person's brain and nervous system, and leads to behavior that's driven less by choice and more by unconscious processes. When working with youth who have experienced trauma, practitioners, organizations and systems must first determine what is at the heart of destructive behaviors. A trauma-informed approach can lead to meaningful positive changes, as relationships with caring adults and peers have been found to help promote neurobiological healing in the face of trauma, poverty and other negative influences on brain development.[65]

Many youths in detention facilities have histories of trauma, physical, emotional and sexual abuse, neglect, substance abuse, and mental health issues. Moreover, "research shows that while up to 34 percent of children in the United States have experienced at least one traumatic event, between 75 and 93 percent of youth entering the juvenile justice system annually in this country are estimated to have experienced some degree of

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Sciences, Vol. 1021 (2004); Nitin Gogtay et al., "Dynamic Mapping of Human Cortical Development During Childhood Through Early Adulthood," *Proceedings of the National Academy of Science* 101 (2004): 8174; Paul Thompson, "Time-Lapse Imaging Tracks Brain Maturation from Ages 5 to 20," National Institute of Mental Health and the University of California, Los Angeles (May 2004).

[64] Jetha, M. and Segalowitz, S.J. Adolescent brain development: implications for behavior. 2012. Elsevier Inc.

[65] John T. Gorman Foundation and the University of Southern Maine. *The Brain in Adolescence: A Closer Look*. Retrieved from http://www.jtgfoundation.org/uploads/images/BrainForum1pager_v2.pdf

trauma."[66] This high percentage signals two important concepts: one, that youths who have suffered trauma need treatment and subjecting them to detention may further exacerbate mental health conditions and daily functioning. Two, if a youth must be in some form of detention, facility staff can provide trauma-informed treatment and utilize evidence-based practices when working with youth. Facility staff need effective and easily-implementable alternatives that they can use. According to Amy Hoch's chapter in Dr. David Springer and Allen Rubin's book,[67] *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*,

> The National Child Traumatic Stress Network's (NCTSN) Complex Trauma Task Force (Cook et al., 2003) identified seven domains of impairment observed in children exposed to complex trauma: attachment, biology, affect regulation, dissociation, behavioral regulation, cognition and self-concept.[68]

It is especially important to utilize trauma-centered care for each youth, as most of these youths have histories of complex trauma. Hoch explains, "it is well documented that childhood trauma has an adverse impact on psychosocial functioning in both childhood and adult years. Youth who experience childhood trauma are at increased risk for experiencing difficulties, delinquency, and teenage pregnancy, as well as re-

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[66] Justice Policy Institute. *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense*. July 2010. Retrieved from http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf

[67] Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[68] Ibid.

victimization[69]..[and so] an understanding of these domains becomes important when creating a treatment plan for traumatized youth."[70]

EVIDENCE-BASED PRACTICES FOR INCARCERATED YOUTH

In its simplistic definition, "evidence-based practice (EBP) is a five-step process for making practice decisions…[it is] the integration of best research evidence with clinical expertise and patient values,"[71] according to Allen Rubin who has written extensively on the subject. Rubin continues, "the ultimate priority of the EBP process is to maximize the chances that practice decisions will yield desired outcomes in light of the best scientific evidence."[72] Describing a specific intervention, the term "evidence-based practice" refers to a treatment or service that has been studied, "usually in an academic or community setting, and has been shown to be effective, in repeated studies of the same practice and conducted by several investigative teams," according to the National Alliance on Mental Illness (NAMI).[73] NAMI staff explain that EBPs need to have outcomes in two general areas: one, symptom reduction and improvement and two, prevention of deep end service use. These are preferable indicators compared to studies that only measure rates of youth recidivism.

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[69] Finkelhor, 1995; Kelley, Thornberry, & Smith, 1997 quoted in Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[70] Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[71] Appendix B: *The Evidence-Based Practice Process*. From: Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p.1 as quoted in Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[72] Ibid.

[73] Gruttadaro, D., Burns, D., Duckworth, K. and Crudo, D.. National Alliance on Mental Illness (NAMI) Handbook, A Family Guide. *Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices*. 2007. Retrieved from http://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/sources/NAMI_Handbook.pdf

Measuring recidivism rates alone would show how likely an offender is to commit another crime once he or she has left a locked facility. This report expands beyond recidivism as the sole indicator; what I mean by an "effective" treatment is one that measures three factors. Firstly, does this intervention reduce the number of aggressive and violent acts by youth within a facility? This indicator would show how an EBP/intervention can decrease the need for staff to put youth in solitary confinement in the first place, thus demonstrating how using these EBPs and alternative interventions would ultimately replace the need for any solitary cells. Secondly, does this intervention increase and expand a youth's ability to cope with situations and circumstances? And thirdly, are the youth's mental health symptoms less acute post-intervention? Examining how the intervention helps a youth cope inside a facility can also reduce the number of times a staff refers the youth for a disciplinary action, thus reducing the need for isolation. This indicator could also be measured by both positive and negative behaviors. For example, an intervention can be effective if it is shown to decrease the number of self-injuries, suicide attempts, suicidal ideation or deaths by suicide. On the other hand, the efficacy could be measured by improved progression on treatment plan goals, sustained positive attitudes and beliefs, improved focusing abilities, calmer interactions with peers and staff, etc. The ability to find out which, if any, of the EBPs or alternative interventions are effective is further complicated by the lack of studies researchers have done asking youth in detention facilities about their experiences within the facility and what led up to their incarceration. In addition, the varieties in types of detention facilities exacerbates the ability to compare or standardize information, while access to many of these facilities is another barrier. Youth "camps," "training schools," and similarly euphemized terms for youth detention rarely mean unsecured facilities. I suggest future researchers and evaluators gain access to detention facilities and conduct interviews with

incarcerated youth, line staff, mental health and medical professionals, and the facility's leadership individual or team. Interviewing is perhaps one of the most important qualitative tools to understand if a treatment is effective or not.

The following interventions are briefly introduced and described. Each facility will most likely use each intervention differently, as to apply to specific populations and their needs. These are presented to spark discussion among facility leadership and staff to determine if one or more EBPs and/or alternative interventions might be adapted to aid in reducing and eliminating the use of solitary confinement in their facilities.

Cognitive Behavioral Therapy (CBT)

Psychologist Dr. Ben Martin describes Cognitive Behavioral Therapy (CBT) simply and directly: "CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel."[74] CBT emphasizes teaching and developing interpersonal skills and thinking skills such as problem-solving, abstract thinking, critical reasoning, casual thinking, goal-setting, long-term planning, and perspective taking. Anger management techniques and conflict resolution skills also fall under the CBT umbrella. Dr. Martin also describes how

> CBT works by changing people's attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes that are held (a person's *cognitive* processes) and how these processes relate to the way a person behaves, as a way of dealing with emotional problems…Behavioral therapy pays close attention to the relationship between our problems, our behavior and our thoughts. Most psychotherapists who practice CBT personalize and customize the therapy to the specific needs and personality of each patient.[75]

[74] Martin, B. In-Depth: Cognitive Behavioral Therapy. PsychCentral. Date unknown. Retrieved from https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/
[75] Ibid.

CBT is a structured program and can be used in group and individual sessions. Dr. Martin suggests that CBT can be an effective therapy for a wide range of conditions including: anger management, anxiety and panic attacks, child and adolescent problems, depression, drug or alcohol problems, eating problems, mood swings, post-traumatic stress disorder, sleep problems, phobias, and obsessive-compulsive disorder.[76] Many of these illnesses are common among incarcerated youth:

> Cognitive-Behavior Therapy (CBT) is based on the assumption that cognitive deficits and distortions characteristic of offenders are learned rather than inherent. Programs for offenders, therefore, emphasize[s] individual accountability and attempt[s] to teach offenders to understand the thinking processes and choices that immediately preceded their criminal behavior.[77]

Trauma-Focused Cognitive Behavioral Therapy (TFCBT)

While CBT is not solely for offenders, it is a useful therapy for correcting irrational and destructive thought processes and behaviors. One study that showed promise was from a 2004 National Institute of Mental Health study, conducted in collaboration with the developers of Trauma-Focused Cognitive Behavioral Therapy (TFCBT): Dr. Judy Cohen, Dr. Esther Deblinger & Dr. Anthony Mannarino. Dr. David Springer & Allen Rubin's book, *Treatment of Traumatized Adults and Children,*[78] mentioned above describes the details and results of this study:

> The randomized, controlled multisite study occurred during a 5-year period at both the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicines' CARES[79] Institute and the Center for Traumatic Stress in

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[76] Ibid.

[77] Lipsey, M., Landenberger, N., and Wilson, S. *Effects of Cognitive-Behavioral Programs for Criminal Offenders*. Center for Evaluation Research and Methodology. 2007 aided by the availability of data and resources from overlapping meta-analysis projects that have been funded by the National Institute of Mental Health (NIMH), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Russell Sage Foundation. Retrieved from https://pdfs.semanticscholar.org/2eb3/13a9fd85931e7d2456bf7e256259e822c316.pdf

[78] Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[79] CARES: Child Abuse Research Education and Services Institute

> Children and Adolescents at Allegheny General Hospital in Pittsburgh. Two hundred twenty-nine children between the ages of 8 and 14 were assigned to either TFCBT or nondirective supportive treatment. All the children had substantiated sexual abuse, but most of them had experienced other traumatic events as well. Significant improvement occurred across both treatment models; however, children assigned to client-centered therapy, showed greater improvement with respect to PTSD, depression, behavior problems, shame, and feelings of perceived credibility and interpersonal trust.[80]

This notion of "client-centered therapy" is especially significant for youth who have histories of trauma, specifically, prolonged neglect. Tailoring interventions to meet each youth's needs will validate her personhood and give her attention she may never have experienced prior to incarceration. Meeting youth "where they are at" developmentally, socially, behaviorally and emotionally may increase the effectiveness of particular interventions and treatments. Dr. Martin suggests that staff might match specific interventions to youth in need to "establish who responds best to which type of therapy."[81] Trauma-Focused Cognitive Behavioral Therapy (TFCBT) is a form of CBT specifically designed for children with histories of trauma. As mentioned in previous sections, youth who end up in the juvenile justice system are much more likely to be survivors of multiple traumatic events and adverse childhood events (ACEs).[82]

During the 2004 National Institute of Mental Health study mentioned previously, Amy Hoch describes:

> The primary values of the TFCBT model are conveyed by the acronym CRAFTS (Cohen et al., 2006): Components based, Respectful of cultural values, Adaptable and flexible, Family focused, Therapeutic relationship is central, Self-efficacy is emphasized. TFCBT is a component-based approach to treatment. The skills

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[80] Cohen et al., 2004, as quoted in Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

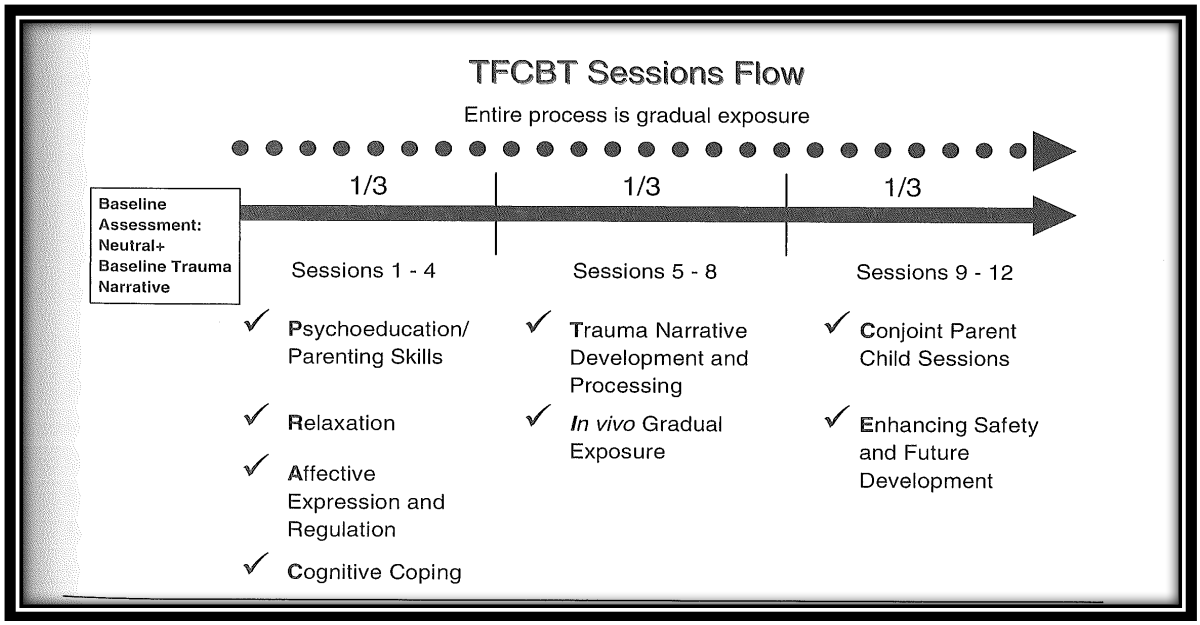
[81] Martin, B. In-Depth: Cognitive Behavioral Therapy. PsychCentral. Date unknown. Retrieved from https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/

[82] Justice Policy Institute. *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense*. July 2010. Retrieved from http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf

taught in TFCBT are matched to the individual needs of the client and presented in a manner that builds on previously learned skills.[83]

Because trauma is so prevalent among youth within the justice system, line staff might work with mental health professionals within the facility to look for specific behaviors that can be treated with specific interventions. This could result in increased positive youth behaviors, reduced violence, and less disciplinary referrals within the facility. The following table[84] provides a starting point for facility staff to implement TF-CBT:

Table 1: Trauma-Focused Cognitive Behavioral Therapy Session Flowchart



One common behavior youth in custody exhibit is anger, a typical response to hurt, pain, and sadness. This next intervention might be used if a youth acts out in an aggressive manner. A staff member may refer youth to Aggression Replacement Training

[83] Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

[84] Hoch, Amy L. Chapter 4: *Trauma-Focused Cognitive Behavioral Therapy for Children*. Rubin, A. & Springer, D. Ed. *Treatment of Traumatized Adults and Children: Clinician's Guide to Evidence-Based Practices Series*. 2009. John Wiley & Sons.

(ART),[85] another extension of a CBT intervention. It is strongly suggested that staff use de-escalation tactics and crisis intervention techniques to ensure immediate safety of all youth and staff in the facility.

Aggression Replacement Training (ART)

According to a 2010 California report entitled, *Preventing and Reducing Youth Crime and Violence: Using Evidence-Based Practices*,[86] ART has had outcomes of an 8.3% reduction in recidivism and associated costs are approximately $918 and benefits exceed $23,000 annually (per youth).[87] ART programs, when implemented with program fidelity, is rated by the Washington State Institute of Public Policy and this 2010 report details specific therapies and interventions, listing the rating agencies, the outcomes as far as percentage reductions and a limited cost benefit analysis. More specifically, ART is designed as follows:

> A juvenile offender is eligible for ART if it is determined—from the results of the formal assessment tool administered by the juvenile courts—the youth has a moderate to high risk for re-offense and has a problem with aggression or lacks skills in pro-social functioning. Using repetitive learning techniques, offenders develop skills to control anger and use more appropriate behaviors. In addition, guided group discussion is used to correct anti-social thinking that can otherwise get a youth into trouble. ART is a 10-week, 30-hour intervention administered to groups of eight to 12 juvenile offenders three times per week. It can be implemented by court probation staff or private contractors, after they receive formal ART training. In 2007, the average cost per juvenile was $897 and the benefits outweighed the costs, both monetarily and non-monetarily.[88]

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[85] Glick, B. and Goldstein, A.P. *Aggression Replacement Training (ART).* Office of Juvenile Justice Delinquency and Prevention (OJJDP). 1987.

[86] Greenwood, P. *Preventing and Reducing Youth Crime and Violence: Using Evidence-Based Practices.* Prepared for the California Governor's Office of Gang and Youth Violence Policy. January 2010. Retrieved from http://uscart.org/new/wp-content/uploads/2010/03/GreenwoodPaper_FINAL_1-27-10.pdf

[87] Ibid.

[88] Gibbs, J. C. (1995) "EQUIP: A Peer-Group Treatment Program for Delinquents," in Ross, R.R., Antonowicz, D.H., & Dhaliwal, G.K., Going Straight, Effective Delinquency Prevention & Offender Rehabilitation, Chapter 8, 1995.; Ottawa, Ontario: AIR Training Publications. Goldstein, A. P. & Glick, B. (1995. "Aggression Replacement Training for Delinquents," in Ross, R.R., Antonowicz,

This description echoes the 2010 report mentioned above and might reflect that this intervention has evidence of effectiveness for youth in detention facilities. Angry outbursts and misbehaviors are common reasons staff place these youth in solitary confinement; ART might be one potential method of reducing disciplinary referrals to solitary confinement. Another intervention that may be suitable for this population is Dialectical Behavior Therapy (DBT), as it provides a variety of useful coping skills for individuals in crises.

Dialectical Behavior Therapy (DBT)

> The use of cognitive-behavioral approaches with youth who have challenging behaviors and who have become involved with juvenile justice systems is well supported.[89] Among cognitive-behavioral approaches, dialectical behavior therapy (DBT), designed by Linehan[90] has shown particular promise for application to corrections populations.[91]

Marsha Linehan published an article in 1987 titled, *Dialectical Behavior Therapy for Borderline Personality Disorder: Theory & Method*. In this, she confirms, "DBT has

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D.H., & Dhaliwal, G.K., Going Straight, Effective Delinquency Prevention & Offender Rehabilitation (Chapter 6). Ottawa, Ontario: AIR Training Publications. Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. Olympia, WA: Washington State Institute for Public Policy.

[89] Shelton, D., Kesten, K., Zhang, W., Trestman, R. "Impact of a Dialectic Behavior Therapy - Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents." *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*. U.S. National Library of Medicine, May 2011. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080237/; Quinn A, Shera W. Evidence-based practice in group work with incarcerated youth. International Journal of Law and Psychiatry. 2009;32:288–293. Trupin EW, Stewart DG, Beach B, Boesky L. Effectiveness of a Dialectic Behavior Therapy program for incarcerated juvenile female offenders. Child and Adolescent Mental Health. 2002;7(3):121–127. Skowyra K, Cocozza J. Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth and Mental Health Needs in Contact with the Juvenile Justice. Policy Research Associates, Inc.; Delmar, NY: 2007.

[90] Linehan MM. Cognitive–behavioral treatment of borderline personality disorder. Guildford Press; New York: 1993.

[91] Shelton, D., Kesten, K., Zhang, W., Trestman, R. "Impact of a Dialectic Behavior Therapy - Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents." *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*. U.S. National Library of Medicine, May 2011. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080237/

demonstrated efficacy with a range of disorders, to chronically suicidal individuals."[92] DBT promotes the concept of a "wise mind:" imagining one is using the portion of the mind where the rational meets the emotional and there is a resulting moment of balance and logic that can help participants who are particularly vulnerable. It can be used in crisis situations and coping with grief and loss as well.[93]

DBT emphasizes the use of a dialectical approach to behavior with a focus on accepting oneself in the present while reshaping their behavior and routinizing this behavior for the future. Stemming from core values of CBT, DBT was originally developed for the treatment of people with borderline personality disorder. In that vein, it focuses on the reduction of maladaptive behaviors by "teaching emotional regulation, interpersonal effectiveness, distress tolerance, core mindfulness and self-management skills. Additional skill building from facilitators includes motivation and therapeutic support for change."[94] In addition to EBPs, I suggest alternative interventions that have the ability to become "evidence-based" at a future date. It is imperative to keep in mind that what works for one community or facility might not work for another, and so interventions and practices should be tailored to the needs and strengths of a specific facility's detained youth and consider existing limitations and adaptations needed upon implementation.

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[92] Linehan, M. Dialectical Behavior Therapy for Borderline Personality Disorder: Theory and Method. Bulletin of the Menninger Clinic. May 1987. Retrieved from http://search.proquest.com.ezproxy.lib.utexas.edu/docview/1298125610?pq-origsite=summon

[93] Ibid.

[94] Shelton, D., Kesten, K., Zhang, W., Trestman, R. "Impact of a Dialectic Behavior Therapy - Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents." *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*. U.S. National Library of Medicine, May 2011. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080237/

ALTERNATIVE INTERVENTIONS

Los Angeles *Hope Centers*

On May 3, 2016, the Los Angeles County Board of Supervisors "approved sweeping restrictions on the use of solitary confinement for juvenile detainees."[95] Los Angeles County hosts the largest juvenile justice system, encompassing three juvenile halls, thirteen juvenile camps, and houses over 1,200 youth. Prior to these restrictions,

> The practice has been widespread in Los Angeles County. A recent report showed that 43% of the youths at Camp Scudder in Santa Clarita had spent more than 24 hours in solitary confinement. The department did not release the reasons behind the placements. The use of solitary confinement increased between 2014 and 2015, particularly in the juvenile halls, where the number of referrals to restrictive housing units increased from 2,775 to 4,396.[96]

Although it is unknown if all these referrals resulted in prolonged solitary confinement, these figures are disturbing when considering the total number of detained youth in this county is 1,200. To curtail the practice, correctional staff recently began to use different methods for managing kids in the facilities:

> In addition to restricting the use of isolation, the new policy also requires mental health workers to sign off on any decision to use isolation. Today, many of the cells formerly used for solitary confinement are being transformed into "cool down rooms," designed as comfortable, well-lit safe spaces where kids can relax or speak with mental health workers present in the room and available for support. As an alternative to solitary confinement, LA county facilities aim to "achieve safety through relationship-building, trauma-informed care, positive youth development, small and therapeutic group settings, high-quality education, a relational-approach to supervision, and an integrated group treatment model.[97]

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[95] Read, M. *Movement to End Juvenile Solitary Confinement Gains Ground, but Hundreds of Kids Remain in Isolation.* Solitary Watch. January 2017. Retrieved from http://www.latimes.com/local/lanow/la-me-ln-juvenile-solitary-20160503-story.html; http://solitarywatch.com/2017/01/05/movement-to-end-juvenile-solitary-confinement-gains-ground-but-hundreds-of-kids-remain-in-isolation/

[96] Ibid.

[97] Ibid.

This program is relatively recent and is in a transition period. Therefore, the results of this program are not yet evident. Continuing to monitor how this program impacts youth and facility staff can be an important tool in determining effectiveness. According to a staff member at the National Council on Crime & Delinquency, these *Hope Centers* were implemented with no additional staff training,[98] which may negatively affect how staff administer this program, if this program is useful for reducing youth misbehavior, and if it is a sustainable intervention.

Blue Rooms

Dr. Nadkarni is an ecologist and is an advocate for using nature to enrich human beings. Her 2010 *TED Talk* inspired prison officials at the Snake River Correctional Institution in Ontario, Oregon to contact her and request her assistance and expertise. Through their meeting, they learned about her successful collaboration with staff at the Washington Corrections Center in Shelton, Washington. Captain Randy Gilbertson at Snake River and Renee Smith who manages the prison's Behavioral Health Services have long dealt with the catastrophic realities of the men who spend time in solitary confinement. They assert that nearly two-thirds of the offenders in this facility have suffered moderate to severe mental illness and their risk of suicide was "off the charts:"[99]

> I've seen over the years how an inmate will come into the facility, and they'll almost appear to be completely normal…After a phase of isolation, those guys – especially those guys with mental health issues – tend to decompensate. They break down and go a different route. And it brings out a whole different person in them. They tend to become prone to violence. Sometimes they threaten to harm

[98] Personal communication via email with Ms. Angie Wolf of the National Council on Crime & Delinquency, April 6, 2017.

[99] Denson, B. *Oregon prison tackles solitary confinement with Blue Room experiment.* The Oregonian/OregonLive. August 21, 2014. Retrieved from http://www.oregonlive.com/politics/index.ssf/2014/08/oregon_prison_tackles_solitary.html

> themselves or refuse orders. This forces teams of IMU* officers to suit up in riot gear, arm themselves with pepper spray, and physically extract combative prisoners from their cells. Officers frequently limp away with blown-out knees, broken fingers and other injuries...Gilbertson watched Nadkarni's *TED talk* over and over, intrigued by the notion that a few images of trees and babbling brooks might calm the IMU's prisoners and make its tiers safer for corrections officers. [100]

After Dr. Nadkarni accepted Gilbertson's request to help the men housed in the IMU unit, they began discussing solutions. Dr. Nadkarni's work included showing inmates pictures of nature and trees; Gilbertson instead wanted to expand this by playing nature videos for the offenders. He designated a room on the first floor of the IMU unit. Prison officials bought a projector and other gear that cost roughly $1,500. They named the room *The Blue Room* because of its "glow of videos projected on the wall."[101] The results were overwhelmingly positive:

> Lance Schnacker, a researcher for the Oregon Youth Authority, studied the disciplinary records of Snake River's IMU inmates in the year before, and the year after, *the Blue Room* opened. He calculated that those who didn't get the unique therapy posted more referrals for disciplinary infractions, while those allowed to use *the Blue Room* showed a slight dip. Schnacker cautioned that these data were preliminary, but promising…At this stage of the game, he said, there's hope.[102]

In addition, the American Correctional Association, featured a study by Dr. Nalini M. Nadkarni, Lance Schnacker, Patricia Hasbach, Tierney Thys and Emily Galnes Crockett entitled *From orange to blue: How nature imagery affects inmates in the "Blue Room"* in the January/February 2016 issue of *Corrections* magazine.[103] Dr. Nadkarni and colleagues concluded that "the studies found that inmates who viewed

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* Intensive Management Unit
[100] Ibid.
[101] Ibid.
[102] Ibid.; Dr. Nalini M. Nadkarni, Lance Schnacker, Patricia Hasbach, Tierney Thys and Galnes Crockett. *From orange to blue: How nature imagery affects inmates in the "Blue Room."* Stress Reduction, American Correctional Association. Retrieved from http://www.aca.org/ACA_Prod_IMIS/DOCS/Corrections%20Today/2017%20Articles/January%202017/Nadkarni.pdf
[103] Ibid.

nature videos committed fewer violent infractions than those who did not view the films."[104] From an incarcerated individual's perspective, one inmate stated he spent "40 minutes to an hour in the room watching the beaches of Hawaii"[105] and later recalled,

> The environment had an instant and immediate calming effect on me…the dim lighting, the sound of waves crashing, the sight of the beach video with waves repetitively going in and out with palm trees swaying...all provided an effective distraction, an 'escape' from my immediate situation, in a manner that didn't 'pump me up.'[106]

Restorative Justice

Recently, restorative justice practices have become very popular in responding to youth and adult offender behaviors. Although there are common tenets of restorative justice, this approach means different things to various stakeholder groups and to individuals within these groups. As a simple definition, restorative justice seeks to repair harms caused by criminal and otherwise hurtful behaviors people inflict upon one another. It encourages individual accountability, making amends, and aims to inspire "transformational" events between involved parties.[107] Personally, when I hear the term restorative justice, I think of an early post-apartheid South Africa when the state established the *Truth and Reconciliation Commission* (TRC), an initiative of the Department of Justice that held court hearings throughout the country, encouraging people to testify and then the three associated committees determined who would receive assistance and to what extent. The TRC was an accountability measure that required and

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[104] Ibid.
[105] Ibid.
[106] Ibid.
[107] What is Restorative Justice? *Centre for Justice & Reconciliation: A program of Prison Fellowship International.* Retrieved from http://restorativejustice.org/

promoted public and official transparency.[108] It was symbolic as well, encouraging discussion and openness of how apartheid affected South Africans from all regions. The TRC served to restore justice to victims, survivors, and even perpetrators of a violent racial caste system that spanned many decades. It is not surprisingly then, that the concept and practice of restorative justice appeals to many stakeholders in our youth justice system. Recognizing that youth offenders are starkly different from adult offenders, restorative justice can be a vital step in mending adolescent mistakes and open avenues for rehabilitation and second chances. Restorative justice practices within youth detention facilities can have a transformational effect on overall institutional culture. To shift facility programming to rehabilitative approaches and interventions, it is essential to also provide staff with immediate, short-term interventions to protect the safety of everyone in the facility. It is crucial that staff receive training in crisis intervention and de-escalation techniques. Staff can also improve youth attitudes and behavior through new relationships that are less adversarial. For example, some facilities change staff names and roles to reflect more rehabilitative and restorative practices. This requires ideological changes in institutional culture; building relationships and a solid community can significantly impact how youth trust and interact with staff. In the most simplistic situation, a staff member can ask a youth who is in crisis to take a walk with them. By giving a child individual attention, responding to his or her needs, and referring him or her to appropriate programming and interventions, staff can safely de-escalate the situation without having to put the youth in an isolation cell. In addition, classes that educate youth in mindfulness and meditation practices can also aid in reducing youth

[108] Anonymous. "Truth and Reconciliation Commission (TRC)." March 2011. Retrieved from http://www.sahistory.org.za/topic/truth-and-reconciliation-commission-trc

outbursts and other disruptive behaviors. This further reinforces the need for a cultural change and can be easily implemented.

Recommendations

Based on the literature and several best practice programs around the country, this chapter will recommend implementation guidelines, discuss staffing considerations, a brief cost-benefit analysis, policy and advocacy recommendations, and will conclude with a section on the critical need to shift institutional cultures within detention facilities to rehabilitative and treatment-focused instead of punitive.

GUIDELINES FOR PROGRAM IMPLEMENTATION**

These recommendations need to be included with every program intervention and evidence-based practice to ensure accountability that treatment will take place.[109]

Provide Screening and Evaluation to All Youth Upon Entry

When a youth arrives at a facility, he or she will be screened and evaluated immediately for mental health concerns, level of risk of harm to her or himself, risk of harm to others, and the clinician will gather other biopsychosocial information. It is suggested that a properly vetted and experienced mental health clinician[110] perform these evaluations in a room that is enclosed to maintain utmost confidentiality. It is imperative that each clinician who interviews and evaluates a youth is not a correctional officer. This creates a dual-relationship where a youth may not feel comfortable discussing his emotions or thoughts because he may fear retribution. Dual-relationships can be destructive for youth in custody because they may not be able to trust and confide in staff who are also responsible for both their care and their disciplinary treatment.

** These guidelines and recommendations apply to youth who have already been assessed and found to need detention/incarceration. This paper does not address the general issue of youth detention however views are clear.

[109] These guidelines are reminiscent of the Social Work Case Management guidelines, please see the appendix for the entirety of this content.

[110] MFT, MSW, LMFT, LCSW, LMSW, PhD, PsyD, MA in counseling with added certifications and training

Pair Incarcerated Youth with Case Managers

After each youth is screened, he or she might be assigned to the least restrictive and most appropriate housing unit. Facility developers can consider constructing facilities with only small, home and group like settings, per the research that shows these types of settings and programs are more effective for youth in custody situations.[111] I suggest the elimination of any single cell. Instead, the building can have small units with multiple beds in each confined setting, as well as classrooms and therapy rooms where staff members can address individual children's behaviors and needs. The Missouri Model[112] is an excellent example of this type of housing construction.

It is suggested that every youth be paired with a case manager[113] who meets each youth within one week of his or her placement in detention. I suggest that the first meeting includes a thorough historical and biopsychosocial assessment and an extended dialogue about as much of a youth's experiences as he or she is willing to share. Staff may consider using the mental health screening and assessment tool, the MAYSI-2, or another validated screening instrument.[114]

Treatment Planning

I suggest that during the second meeting, the case manager/counselor creates an individually-tailored treatment plan[115] with the input and goals of each youth in

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[111] *Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems*. Annie E. Casey Foundation Report. 2009. Retrieved from http://www.aecf.org/resources/rightsizing-congregate-care/

[112] *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*. The Missouri Approach Website. Retrieved from http://missouriapproach.org/

[113] A case manager/counselor will have at least a B.A. plus relevant training, certifications, licenses, etc. Facility policies should clearly state educational and other requirements for each position.

[114] National Youth Screening & Assessment Partners. MAYSI-2. Retrieved from http://www.nysap.us/MAYSI2.html

[115] One consideration for another type of intervention is tailoring treatment to a child's specific mental illness. For example, there might be separate educational and/or support groups for depression, anxiety, schizophrenia, bipolar disorder, ADHD/ADD, autism, special needs, and developmentally disabled groups.

detention. The treatment plan can include reasonable behavioral, social and emotional goals for the youth to achieve that will increase success when the youth leaves the facility, in addition to discussions around a youth's strengths, career aspirations, talents, opportunities, skills, potential challenges or threats, and areas for growth. The treatment plan might outline steps each youth can take as well as the steps each youth's case manager can take and any other involved staff members' roles can be included. It is suggested that all parties sign off on the treatment plan. This behavioral contract holds all parties accountable, and can assist with incentives for improvement and positive behaviors as well as sanctions or losses of privilege for inappropriate behaviors. I suggest following sessions with the case manager include check-ins about each youth's progression on her treatment plan goals, her current mental health and/or physical health concerns, and progress in her educational and other programming activities. The counselor and the youth can talk through any foreseeable or existing conflicts, issues, and continue to process the youth's behaviors, actions, emotions, etc.

Positive Behaviors Interventions and Support (PBIS)

Facility administrators can develop a policy for behavior management, such as the Positive Behaviors Interventions and Support (PBIS)[116] that consists of graduated incentives and sanctions for case managers and other facility staff to use when working with youth instead of using solitary confinement.[117] University of Texas Law and Public Affairs Professor, Michele Deitch suggests using a "multi-tiered framework modeled upon PBIS, an incentive-based behavior modification system that teaches and strengthens

[116] Michele Deitch, J.D., M.Sc., courses at the LBJ School of Public Affairs at the University of Texas at Austin and from Desktop Guide Chapter 14 Behavior Management. *Establishing a Therapeutic Culture that Supports Behavior Management.* National Institute of Corrections and the National Partnership for Juvenile Services. 2015.
[117] Ibid.

appropriate behaviors and reduces challenging behaviors."[118] It is crucial to always maintain consistency and stability in these sessions, with what each staff member says and does, and with policies and programming, as this aids positive youth development.

Evidence-Based Practices Plus (EBPs+)

I suggest that each intervention have or hold examples of an EBP+ treatment.[119] EBP+ is a term that refers to developing and implementing EBPs that are created and designed with cultural relevancy and approached with cultural humility. Ensuring each intervention meets evidentiary standards, has had positive results and/or some level of documented effectiveness solves several worrisome problems in the social work field. One, historically, EBPs were designed (generally) by and for middle class white people. The reality is that every community, every ethnicity, every religion, every culture, has different needs, traditions, beliefs and values that *must* be reflected in these interventions if we are to reach people from these communities. Two, the number of social workers graduating and entering the social work field (and social service fields in general) are predominately white women. It is important for youth to relate to people providing support and services; it helps with rapport and relationship building, identification and trust. As youth of color are disproportionately represented in every point in the youth justice system, it is imperative that facilities hire people who are diverse in race, ethnicity, income level, religion, sexual orientation, and gender.

Importance of Trauma-Informed Care

Over three-fourths of youth who become system involved have histories of trauma: treatment, programming and behavior modification all need to be trauma-

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[118] Scheuermann, B. and Hall, J. *Positive Behavioral Supports for the Classroom,* 2nd ed. New Jersey: Pearson, 2012. Referenced in Michele Deitch's Desktop Guide Chapter 14.

[119] The "EBP+" term (technically, the added "+") was coined by the Community Justice Network for Youth (CJNY), which is a department of the W. Haywood Burns Institute and includes a national network of over 200 community-based organizations and members.

informed and interventions should be designed to avoid further traumatization, re-traumatization and triggering. To accomplish the above, I suggest that facility staff design programming that focuses on healing, grounding, rehabilitating, transforming, and restoring youth affected by trauma. Please refer to earlier sections describing TFCBT and alternative interventions specific to the needs of this population.

STAFFING CONSIDERATIONS

One limitation of implementing EBPs in detention facilities is the lack of resources and capacity within these facilities. Budgetary restrictions and limited authority to mandate salary changes and additional purchasing power often hampers efforts to reform youth prisons, jails, camps, schools, and other detention facilities into rehabilitative centers. In addition, existing staff may not have the required professional degrees, trainings and certifications to deliver these EBP+s to youths in facilities. Facility staff might consider providing incentives to current staff and new hires to earn higher-level degrees and licensures to increase this pool of mental health professionals. The shortage of mental health professionals is not specific to the youth justice field and larger scale hiring incentives can perhaps be explored.

With attention to the number of staff members needed to monitor youth placed in solitary confinement, it is crucial to abide by the suggested staffing ratios put forward by the *National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA).* This is an important step in improving conditions of confinement and working towards eliminating the use of solitary confinement. *PREA* states: "each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during

limited and discrete exigent circumstances, which shall be fully documented."[120] Because *PREA* is the only standardized set of guidelines regarding youth placed in solitary confinement, legislative stakeholders and others responsible for policymaking and implementation should consider mandating every single detention facility to follow these standards at the minimum level. A tiered system can be put in place where every facility must meet the minimal standards. There could be additional standards in two upper levels of exceeding and optimal. These will provide facilities with a wider range of options to meet the needs of their specific facility.[121]

To shift practices from strictly disciplinary actions to positive development and treatment of each youth in custody, building positive relationships between youths and staff will require a restructuring of institutional culture, continuous staff trainings, and discussions about best practices for youths in custody. Staff also must be trained in de-escalation techniques and crisis intervention methods. These are immediate methods of behavior management and can be followed by other applicable interventions mentioned above.

POLICY AND ADVOCACY

One obvious way to reduce the use of solitary confinement in youth detention facilities is to reduce the use of detention for youth overall.[122] Experts recommend that states, counties and cities that have authority over facilities that house youth under the age of 18 modify existing policies and/or add supplementary policies that both decrease

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[120] Juvenile Facility Standards. The United States Department of Justice Final Rule. National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115. 2012. Retrieved from https://www.prearesourcecenter.org/sites/default/files/content/preafinalstandardstype-juveniles.pdf

[121] Personal Communication with Professor McCafferty, February 2017.

[122] Saxena, Vidushi. "Lawsuit Shines Light on Impact of Solitary Confinement on Youth Mental Health." *The Badger Herald*. February 2017. Retrieved from https://badgerherald.com/news/2017/02/07/lawsuit-shines-light-on-impact-of-solitary-confinement-on-youth-mental-health/

the use of confinement in general and promote the use of community-based services that may be better equipped to treat youth offenders.

Legislative officials might consider collaborating with youth justice system leaders, including invested community members and nonprofit agencies involved in reform efforts to discuss policy decisions and implementation processes. Traditional and nontraditional[123] stakeholders might consider using generous incentive programs for staff to attend graduate school, professional trainings, earn professional certifications, degrees and licensures. The funding opportunities will vary according to each state's financial and economic factors.

Stakeholders can look to their constituents for support, as was partially discussed earlier in results from several *Pew* public opinion polls. Partnerships between states, private and public sectoral stakeholders and organizations benefit everyone; organizations with years of expertise providing technical assistance to various jurisdictions can join in collective efforts for effective reform. To ensure facility, familial, organizational and individual accountability, legislators and correctional officials might consider appointing necessary oversight bodies and/or task forces that routinely provide oversight, monitoring and evaluation.

COST-BENEFIT ANALYSIS

Another recommendation for future researchers and invested stakeholders is to conduct cost-benefit analyses as tools for determining best practices within the youth justice system. This table should be reviewed only as a preliminary suggestion for stakeholders to consider when applying cost-benefit analyses. This brief cost-benefit

[123] Traditional stakeholders refers to judges, public defenders, district attorneys and prosecutors, legislators, and other policymakers within systems while nontraditional stakeholders refers to community members and affected populations. These terms were created by staff at the W. Haywood Burns Institute.

table is grounded in the work of Steve Aos,[124] former director of the Washington State Institute for Public Policy. It is suggested that future cost-benefit analyses examine Mr. Aos's publications and include both monetary and non-monetary costs and benefits. As a beginning to these discussions and analyses, the following information presented in Table 2 illustrates several starting points to consider:

[124] Lee, S., Aos, S., & Pennucci, A. *What works and what does not? Benefit-cost findings from WSIPP*. Olympia: Washington State Institute for Public Policy. 2015. Retrieved from http://www.wsipp.wa.gov/ReportFile/1602/Wsipp_What-Works-and-What-Does-Not-Benefit-Cost-Findings-from-WSIPP_Report.pdf

Table 2: Cost-Benefit Factors of Keeping and Eliminating Youth Solitary Confinement

Maintaining Solitary Confinement in Youth Justice Detention Facilities

Costs	Benefits
Staff/personnel—salary and benefits	Status quo/ Nothing changes
Abuses, self-harm, deaths, mental health problems	Do not have to put additional effort and staff hours into new trainings, reviewing new policies, implementing interventions, etc.
Potentially millions of dollars in penalties and legal fees from lawsuits and ongoing litigation[125]	Easier to control behaviors—less effort on behalf of staff members

Eliminating Solitary Confinement in Youth Detention Facilities

Costs	Benefits
Staff/personnel—salary and benefits—especially MH clinicians	Youths better equipped to reenter society—better prospects for stable employment, housing, family/friend networks
New housing/construction costs	Aligns with public support for rehabilitative practices in youth detention facilities
May lose staff members because of new policies/institutional culture changes	Healthier youths because of more effective interventions. Could led to less crime, violence, gang membership, improved mental health

While some of these costs and benefits are intangible, the financial and tangible money the U.S. spends on youth incarceration is alarming. In a report entitled *Sticker Shock: Calculating the Full Price Tag for Youth Incarceration*, The Justice Policy Institute gathered data from 46 states and published a chart illustrating how much the cost of youth incarceration is per day, per three and six months, and per year.[126] Although

[125] Litigation efforts and several class action lawsuits in states including California, Pennsylvania, New York, Wisconsin, Massachusetts, New Mexico, Maine, and Washington State have been relatively successful in reducing the use of solitary confinement in juvenile facilities, but have also been extremely costly and lengthy, spanning several years at least. Additionally, Supreme Court Justices Breyer and Kennedy have issued statements citing that solitary confinement violates the 8th Amendment, as it can be considered "cruel and unusual punishment."

[126] Justice Policy Institute. *Sticker Shock: Calculating the Full Price Tag for Youth Incarceration.*

these are not strictly costs for when a youth is placed in solitary confinement, they illustrate just how much money we spend on incarcerating our children and teens. Another area that may be of concern to policymakers and stakeholders is the impact of lawsuits on facility policies and operations. These litigation efforts cost millions of dollars and many of these lawsuits resulted in policy changes that are shifting in the direction of rehabilitative services rather than punitive practices. This potential shift in institutional culture, combined with added pressure from multiple sectors, such as legislative, judicial and executive, as well as the public and private spheres, indicates that the results of confining a youth in a solitary cell is counterproductive to the goals of facility security and safety. This may signal an emerging trend in juvenile justice: to rehabilitate a youth rather than punish him or her because most youths will return to their communities; decades of research show that incarceration does not help youth offenders become less criminal.[127]

SHIFTING INSTITUTIONAL CULTURE

Those in power set and maintain institutional culture within a facility. A director[128] determines and spearheads how daily operations are carried out by staff members. The leader (or leaders) of a locked youth detention facility are especially influential in setting expectations for youth and staff behaviors, levels of compliance, and both groups' attitudes and beliefs. This leader (or leaders) shapes every movement and decision within a facility. It is incumbent on directors and administrative leaders in charge to set clear expectations for staff and confined youth that lead to a mutually beneficial goal. This goal is currently in a state of flux: it is important for stakeholders

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2014. Retrieved from: http://www.justicepolicy.org/research/8477

[127] *No Place for Kids: The Case for Reducing Juvenile Incarceration*. Annie E. Casey Foundation. Issue Brief, 2011. Retrieved from: http://www.aecf.org/resources/no-place-for-kids/

[128] A director meaning a person in charge of a facility, the equivalent to a prison warden. Various facilities use different titles for this role.

invested in justice reform to determine the purposes of detaining youth (if any). Resulting policies and programming will flow from the intended purpose. For example, if staff members at a facility believe the purpose of detaining youth is to punish offenders, then, how staff treat detained youth, interact with these youths, and how they run programming will reflect this goal. On the other hand, if the purpose of youth detention is to rehabilitate a youth, the programming, treatment, and attitudes toward the youth should demonstrate this intention. Professor Michele Deitch suggests a different approach to behavior management:

> It involves creating a therapeutic culture within the facility that supports the development of positive relationships between youth and staff, that ensures the safe and humane treatment of the youth, that provides youth with the treatment and programs they need to learn problem-solving skills and overcome thinking errors and past traumas, and that ensures a consistent and clear message about behavioral expectations for both youth and staff…the goal of a behavior management system is discipline, if discipline is understood to mean the elicitation of desirable behavior that conforms to acceptable norms.[129]

This notion of a "positive peer culture" stems from Harry H. Vorath and Larry K. Brendtro's 1974 book, *Positive Peer Culture*. Professors Vorath and Brendtro utilize social work principles of self-determination, empowerment and strengths-based approaches to client-centered treatment.

Deitch discusses the significance of setting clear expectations and provides an example of how this translates to staff and youth interactions:

> Expectations for positive behavior must be communicated to both youth and staff from the very start of their engagement with the facility. Those expectations are conveyed in very subtle and not so subtle ways. If youth are locked in run-down cages and yelled at by staff, they are clearly given a message that we expect them to behave like animals. If, in contrast, they are given rooms in homelike settings

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[129] Michele Deitch, J.D., M.Sc., courses at the LBJ School of Public Affairs at the University of Texas at Austin and from Desktop Guide Chapter 14 Behavior Management. *Establishing a Therapeutic Culture that Supports Behavior Management.* National Institute of Corrections and the National Partnership for Juvenile Services. 2015.

> and are encouraged by supportive staff, they learn that they are expected to treat each other with respect.[130]

In Paul DeMuro's *Toward Abolishing the Use of Disciplinary Isolation in Juvenile Justice Institutions: Some Initial Ideas* he discusses the importance of strong and consistent leadership [who instill] shared values about the use of isolation."[131] He proposes reducing the amount of time youth are idle through robust and integrated programming, strengths-based mental health treatment and a multidisciplinary approach to behavior management, the need for individualized, strength-based treatment planning and specific, individualized crisis management planning for the most difficult to manage youth."[132] DeMuro and Deitch recommend "independent and objective grievance system/process with a robust quality assurance/quality management."[133] She describes how a youth's behavior tends to reflect his dissatisfaction and anger at what he cannot control around him:

> Youth misbehavior is often the youth's response to perceived lack of control and autonomy in a tightly regulated environment.[134] Youth often feel that they have no effective outlets to express their grievances against facility policies or certain staff members…youth dissatisfaction can be channeled into a prosocial vehicle that emphasizes effective communication strategies, acceptable advocacy tools, and fundamental fairness.[135]

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[130] Ibid.

[131] Paul DeMuro 2014 *Toward Abolishing the Use of Disciplinary Isolation in Juvenile Justice Institutions: Some Initial Ideas (Revised)*.

[132] Ibid.

[133] Ibid.

[134] Adrienne M. F. Peters and Raymond R. Corrado, "An Examination of the Early 'Strains' of Imprisonment Among Young Offenders Incarcerated for Serious Crimes," *Journal of Juvenile Justice* 2, no. 2 (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Spring 2013). As referenced in Michele Deitch, J.D., M.Sc., courses at the LBJ School of Public Affairs at the University of Texas at Austin and from Desktop Guide Chapter 14 Behavior Management. *Establishing a Therapeutic Culture that Supports Behavior Management.* National Institute of Corrections and the National Partnership for Juvenile Services. 2015.

[135] Michele Deitch, J.D., M.Sc., courses at the LBJ School of Public Affairs at the University of Texas at Austin and from Desktop Guide Chapter 14 Behavior Management. *Establishing a Therapeutic Culture that Supports Behavior Management.* National Institute of Corrections and the National Partnership for Juvenile Services. 2015.

Soliciting buy-in from staff members will be a mandatory step in shifting institutional culture. Transforming an institution's culture from a punitive system of ingrained beliefs and practices to a rehabilitative model requires commitment, open-mindedness, and trust from both leaders and staff members. Each facility should adopt and comply with clear policies about acceptable and unacceptable behaviors, and the incentives and sanctions for both. This transparent measure also helps with relationship building between staff and youth, which can promote trust. Leaders might put accountability measures in place to ensure policies are carried out as designed. Deitch expresses the importance of an environment where both youth and staff feel safe. Therapeutic approaches to behavior management are favorable to a control approach. Deitch references a study by Mark Lipsey where he and his colleagues "found that programs with a therapeutic philosophy are significantly more effective than those with a control philosophy regarding outcomes for youth."[136] These recommendations are only the beginning of a larger discussion and strategic plan to change institutional cultures and shift to a rehabilitative approach to juvenile justice. If a facility accepts some or all the recommendations set forth here, borrowed from established authors and experts on the subject, the director and other executive leadership should also include a method of evaluating their new programming. Checks and balances are essential to any service delivery system, and there is increased significance when it comes to children under 18. These measures will hold both staff and youth accountable for their behaviors by

[136] Lipsey, M., Howell, J., Kelly, M., Chapman, C., and Carver, D. *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice*, (Georgetown University: Center for Juvenile Justice Reform, December 2010), 23–25. http://njjn.org/uploads/digital-library/CJJR_Lipsey_Improving-Effectiveness-of-Juvenile-Justice_2010.pdf as referenced in Michele Deitch, J.D., M.Sc., courses at the LBJ School of Public Affairs at the University of Texas at Austin and from Desktop Guide Chapter 14 Behavior Management. *Establishing a Therapeutic Culture that Supports Behavior Management.* National Institute of Corrections and the National Partnership for Juvenile Services. 2015.

agreeing to terms and conditions that support positive youth development in a strengths-based behavior management system. Facility staff are encouraged to consult with an unbiased third party to evaluate the facility's programming.

EVALUATION & OVERSIGHT

The significance of consistently evaluating programs for youth in custody cannot be understated. Oversight measures are needed more in the adult and youth justice systems than in other sectors, at the most basic level, because of the closed nature and lack of transparency in these systems, they must ensure physical safety of incarcerated inhabitants. Youth in custody need to also have a voice in evaluations, along with correctional staff, administrators and executive leaders. Oversight bodies should consider interviewing everyone involved, to gain a clearer picture of what occurs inside facilities. Oversight measures need to be in place to make sure staff and youth follow policies, and that these policies follow best practices when caring for youth who come from diverse backgrounds, with preexisting trauma and who need mental health, substance abuse, anger management and other behavior modification treatments. "Oversight" means convening an independent group of people who are free from constraint from any stakeholder pressure and who are non-partisan. These members will monitor, report, and regulate activities within juvenile detention institutions. If needed, specific task forces can be developed for issues outside the scope of daily operations.[137] Professor Deitch writes extensively about how critical it is to have consistent oversight for our incarcerated population. It is imperative that oversight bodies and/or task forces regularly inspect facilities. These inspections should be random; facility staff cannot have any prior knowledge of when members of oversight bodies will visit. I suggest these members have what Deitch calls "golden key access" to all parts of the facility to ensure facilities are complying with rules and regulations and that youth are safe and free from abuse, neglect and harm. When members of oversight bodies complete each inspection, they will write a report of their findings and share with the facility staff and other responsible

[137] Personal Communication, Professor Michele Deitch, 2014-2017.

stakeholders. I suggest that these reports also be available to the public to encourage transparency. These measures might help to mandate accountability as well.

Conclusion

Small collective movements of change can perhaps move an entity such as our own prison system in a direction of hope.

Dr. Nalini Nadkarni

Many people in this country believe that people who commit acts of violence, theft, substance-related crimes, and other illegal acts are irredeemable. When we lock youth up for committing an illegal act instead of providing treatment to address the root cause, we are telling youth they are irredeemable and beyond repair. Decades of research illustrate the ineffectiveness of retributive and punitive policies that favor lengthy incarcerations. We need to remember that *every* person is more than the worst thing he or she has done.[138] If we turn to treatment instead of punishment, we stand to see better results in terms of reduced rates of recidivism, less crime, healthier children, improved communities and economies. Taking youth neurological development into account and using trauma-focused, client-centered, strengths-based, and supportive approaches to youth justice can perhaps be the next stage in youth justice reform, as it is clear our past and current reliance on youth incarceration, punishment and control fail in lowering youth recidivism rates and in rehabilitating our youth for enhanced chances of success upon re-entry. Lastly, Bart Lubow, long-time Director of the Juvenile Detention Alternatives Initiative (JDAI) at the Annie E. Casey Foundation, leaves us with this thought:

> *You literally are locking a child down with nothing to do, with no interaction, for 22, 23, 24 hours a day. In some ways, it's common sense to look at the denial of education, the denial of drug treatment, the denial of adequate mental health care that exists in solitary confinement, and you think to yourself 'Well, what's going*

[138] Stevenson, B. *Just Mercy: A Story of Justice and Redemption.* Spiegel & Grau; First Edition. 2014; Personal communication, 2014, with Ariane Eigler, *Texas Civil Rights Project*.

to be the result for that kid? How could anything positive ever come from such treatment?' And the answer is, it doesn't.[139]

[139] Bart Lubow quote found in *CJCA Toolkit: Reducing the Use of Isolation & Juvenile Solitary Confinement: Modern-Day 'Torture' in the US* by Gary Gately, March 5, 2104.

Appendix

Standards for Social Work Case Management

1. Ethics & Values
2. Qualifications
3. Knowledge
4. Cultural and Linguistic Competence
5. Assessment
6. Service Planning, Implementation, and Monitoring
7. Advocacy & Leadership
8. Interdisciplinary & Interorganizational Collaboration
9. Practice Evaluation & Improvement
10. Record Keeping
11. Workload Sustainability
12. Professional Development & Competence

Glossary

ACEs: Adverse Childhood Experiences

ART: Aggression Replacement Training

CBT: Cognitive Behavioral Therapy

DBT: Dialectical Behavior Therapy

EBPs: Evidence-based practices

> **EBP+**: as referenced in a footnote above, this term refers to practitioners learning and utilizing culturally humble and responsive programming designed specifically for each group where the intervention(s) will take place. *The Community Justice Network for Youth, CJNY* created this terminology and the importance of the "+" cannot be understated. The "+" refers to interventions created for populations other than middle and upper class white youth. For interventions and EBPs to be effective, they must be tailored for each group who receive services. Especially because of the overwhelming racial and ethnic disparities of youth involved with the justice system, programming must be developed by people who come from a variety of backgrounds and experiences, diverse in race and ethnicity, education level, socioeconomic status, attitudes, beliefs, religions, gender identities and other pertinent classifications.

JDAI: Juvenile Detention Alternatives Initiative

PBIS: Positive Behaviors Interventions and Support

PREA: Prison Rape and Elimination Act

TFCBT: Trauma-Focused Cognitive Behavioral Therapy

T4C: *Thinking for a Change*

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